
2015 Kentucky Statewide Conference and African American & Hispanic/Latino Leadership Conference on HIV/AIDS



*Till the Whole
World Knows...*



Kentucky Cabinet for Health and Family Services
Department for Public Health
275 E. Main Street
Frankfort, KY 40621

2015 Kentucky Statewide Conference and African American & Hispanic/Latino Leadership Conference on HIV/AIDS

Till the Whole World Knows...

July 28-30, 2015 (Tuesday – Thursday)
Crowne Plaza Louisville Airport Expo Center
830 Phillips Lane, Louisville, KY
(502) 367-2251

REGISTRATION FEE

Space is limited, so please register by June 30, 2015 to reserve your seat.

Onsite registration will be as long as space allows.

\$30.00 per consumer & student with ID

\$60.00 per professional (not requesting CEU)

\$90.00 registering for CEU

Crowne Plaza Hotel's Room Rate of \$109.00 is available through June 15, 2015 (Kentucky Conference on HIV/AIDS).

For more information, please call Beverly Mitchell and/or Kelly Cunnagin at 1-800-420-7431

REGISTER ONLINE at: <https://ky.train.org> (Conference ID [1056415](#))

WHY THIS CONFERENCE?

The Cabinet for Health and Family Services, Department for Public Health, is proud to announce the Kentucky Conference on HIV/AIDS and African American and Hispanic/Latino Leadership on HIV/AIDS. *As the only one of its kind in Kentucky*, this conference presents a unique opportunity for the community, community-based organizations, local, state and federal agencies, and others in the field of HIV/AIDS to come together and focus on improving the services available to persons infected with and affected by HIV disease.

WHO SHOULD ATTEND?

This conference is designed for anyone interested in or dedicated to stopping the spread of HIV/AIDS and Hepatitis. Health care and social service professionals who are involved in planning and/or providing direct delivery of services to those persons living with HIV/AIDS in Kentucky, as well as persons who are interested in improving the quality of life for people living with HIV/AIDS. Leaders of all segments of the community are asked to attend to get information and the knowledge to mobilize their communities to help stop the spread of HIV/AIDS.

CONFERENCE AGENDA

Tuesday, July 28, 2015

6:15 pm-11:00 pm Opening – Evening In Red

Wednesday July 29, 2015

8:00-10:15 Breakfast Plenary
10:30-11:45 Breakout Sessions
12:00-1:15 Lunch Plenary
1:30-2:45 Breakout Sessions
2:45-4:00 Breakout Sessions
6:00-8:00 Faith-based Program & Dinner

Thursday, July 30, 2015

8:30-10:45 Breakfast Plenary
11:00-12:15 Breakout Sessions
12:30-3:00 Lunch Plenary

What Issues Will Be Addressed

Men that have sex with Men
Women and HIV
SSI/SSDI
Housing
African American Issues
Cultural Competency

Sexually Transmitted Diseases
Aging and HIV
Transgender
Immigration
Mental Health
Social Media

HIV and Corrections
Youth and HIV
Advocacy
Hispanic Issues
Substance Abuse
Hepatitis A, B, and C

PAYMENT FORM

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This payment form does NOT complete your registration for the conference.

Conference registration must be completed at

[2015 Kentucky Statewide Conference and African American & Hispanic/ Latino Leadership Conference on HIV/AIDS 1056415 July 28-30, 2015 Lexington](#)

Onsite (late) registration is also available.

For more information, please call Beverly or Kelly at 1-800-420-7431

Please Print or Type:

Name _____ Credentials _____

Occupation/Title _____

Employer _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____ **Special Meal Request:** ☐Vegetarian ☐Gluten Free

Please make check or money order payable to: HIV/AIDS Conference

My check or money order for \$_____ is enclosed.

Pay by credit card below

Name _____

Credit Card # ____/____/____/____ Expiration Date ____/____

3 digit CVC code (located on back of credit card) _____ Amount Charged \$ _____

Signature for Authorization _____

Mail To: Department for Public Health
HIV/AIDS Conference
275 East Main Street HS2E-C
Frankfort, KY. 40621-0001

Fax: 502-564-9865

2. Name _____ Credentials _____

Occupation/Title _____

Employer _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____ **Special Meal Request:** ☐Vegetarian ☐Gluten Free

3. Name _____ Credentials _____

Occupation/Title _____

Employer _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____ **Special Meal Request:** ☐Vegetarian ☐Gluten Free

4. Name _____ Credentials _____

Occupation/Title _____

Employer _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____ **Special Meal Request:** ☐Vegetarian ☐Gluten Free

5. Name _____ Credentials _____

Occupation/Title _____

Employer _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____ **Special Meal Request:** ☐Vegetarian ☐Gluten Free